



Comments on the Rhode Island 1115 Waiver Extension Request

On behalf of our non-profit long term care providers and those for whom they care, LeadingAge RI is pleased to have this opportunity to provide comments on the Rhode Island 1115 Waiver Extension Request. As an association representing nursing homes, assisted living residences, senior housing providers, and adult day health centers, we have long supported the state's efforts to rebalance the long term care system, with strong providers providing quality care at each point, and consumer flexibility to receive such services. Our questions and comments on this Extension Request follow.

1. We are pleased that the Extension Request maintains existing CNOM populations, which has been a significant aspect of the Waiver. In particular, the CNOM / Co-Pay program operated by the Division of Elderly Affairs, which helps subsidize the cost of adult day health care and home care for low-income elders, has greatly benefitted from the Waiver by providing stability in the financing and delivery of these services. It should also be noted that these individuals will not be eligible under the Medicaid expansion provisions of the Affordable Care Act, so the continued CNOM element remains vital.
2. We are pleased that the Extension Request includes a waiver for Expedited Long Term Care Services for adult day health services and home care. A rapid, streamlined process to access long term care services in the community for at-risk individuals can help such individuals avoid nursing home care should a crisis situation develop. Under the current system, the default option in an emergent situation requiring immediate care is nursing home placement, but if a community-based solution is readily available, this can help promote such care and delay placement in a more expensive setting. That said, should an individual need Expedited Long Term Care Services, the cap on the service package of 3 days of adult day health services and 10 hours of home care seems artificial and may be insufficient to meet the varying needs of individuals. We recommend a larger service package of at least 5 days of adult day services to address any health and psychosocial issues and to establish a care routine.
3. We support the concept of Community Based Supportive Services / Supportive Housing as a potential new service under the waiver. As noted during various workgroups supporting the current Waiver, housing is the foundation on which an effective and cost-efficient long term care system can be developed. It is a critical need for those transitioning out of institutions, those seeking to remain safely in the community, and those seeking the necessary stability to address their immediate health and well-being. We suggest the state focus on two particular areas as part of the Waiver Extension:
 - a. There is a growing recognition of the concept of housing with services, which involves making supportive services available through third party providers to assist residents in varying needs, as well as service coordination. Indeed, HUD has

established a definition of this model called 'service enriched housing.' A coordinated plan to establish 'service enriched housing' in senior housing properties would be efficient and cost-effective. A model already exists in Rhode Island, FOSH (Foundations of Senior Health) which provides home care and homemaking to senior housing residents that fills the gaps left by other programs. This program could potentially be replicated throughout the state as a new service category and perhaps be a CNOM benefit. In addition, many senior housing complexes have a Resident Service Coordinator who assists residents in a wide range of service coordination activities. Their availability is often limited however. But given their established relationships with residents and community resources, if their capacity could be expanded and enhanced under the Waiver Extension, that would further promote the supportive housing / 'service enriched housing' concept.

- b. Rhode Island has had a statute since 2009 to establish a new supportive housing model for elders called Adult Supportive Care Residences. We just need the regulations written to implement this model, which would be another housing resource for elders.
4. It appears that adult day health services appears to be inadvertently omitted from the list of State Plan Services as of 11/1/2008 found in Attachment A. We request that this service be added to the table to ensure accuracy.
5. The Extension Requests envisions a new "Delivery System Reform Incentive Payment" (DSRIP) program involving a hospital and affiliated community providers, dubbed the "System." It is unclear what role that long term care providers will play in this program, but skilled nursing facilities, adult day health centers, and other providers can help contribute to the goals of this program and could play a significant role.
6. The Extension Request notes that nursing home "budget initiatives" helped reduce growth in nursing home rates. As Rhode Island continues to rebalance its long term care system, we also need to preserve the integrity of our high performing nursing homes. In order to support quality of care for this most frail and acute population, the Medicaid reimbursement system needs to be adequately funded and structured to promote staffing and other quality of care measures.
7. As Rhode Island continues to rebalance its long term care system under this 1115 Waiver, adult day health centers have the regulatory capacity and ability to care for some of our state's most frail and acute individuals. In addition, unlike other long term care providers, roughly 80% of the clients of our adult day centers are beneficiaries of Rhode Island's publicly-funded long term care system, which magnifies the importance of adequate reimbursement to care for this low-income, fragile population. The expansion of this industry has been slower than hoped for, and reimbursement is one underlying issue. As Rhode Island continues to promote home and community-based services

under the 1115 Waiver Extension, and the community-based population continues to increase in acuity, we feel it is an appropriate time to refine the adult day reimbursement methodology to better reflect costs, acuity, and quality.

8. Assisted living residences are eager to play a larger role in housing individuals under the 1115 Waiver, however, utilization has not increased significantly. Many providers are struggling to meet the increasingly intense care needs of their residents due to the low Medicaid reimbursement. Moreover, many potential new assisted living providers do not participate or keep the number of such Medicaid units to a minimum. More work needs to be done on two fronts - assisted living reimbursement and the regulations that govern the industry - to help expand the capacity of providers to care for individuals under the 1115 waiver.